

February 29, 2012

Montana Health Care Programs Notice Pharmacy

Coordination of Benefits under NCPDP D.0

In order for coordination of benefits (COB) to work properly under NCPDP D.0 for Montana Medicaid and MHSP, pharmacies will no longer use the following fields:

- 353-NR (Other Payer – Patient Responsibility Amount Count)
- 351-NP (Other Payer – Patient Responsibility Amount)
- 352-NQ (Other Payer – Patient Responsibility Amount Qualifier)

To correctly complete the transaction, use the NCPDP fields below in addition to the applicable NCPDP fields for COB:

- 431-DV (Other Payer Amount Paid)
- 341-HB (Other Payer Amount Paid Count)
- 342-HC (Other Payer Amount Paid Qualifier)

If you have questions regarding this notice, please contact Dave Campana at (406) 444-5951.

Contact Information

For claims questions or additional information, contact Provider Relations:

Provider Relations toll-free in- and out-of-state: 1-800-624-3958

Helena: (406) 442-1837

E-mail: MTPRHelpdesk@ACS-inc.com

Visit the Provider Information website:

<http://medicaidprovider.hhs.mt.gov>